

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 18 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 02000021651

1. Limited Liability Company's Name

It's A Twin Thing, LLC

2. Principal Office Address

1055 Clear Creek Cir.

Suite, Apt. #, etc.

3. Mailing Office Address

2201 Springwood Ln.

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Burlington, WI

Zip

34711

Country

USA

Zip

53105

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

54-2070719

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CLASSIC Management & Travel INC

Street Address (P.O. Box Number is Not Acceptable)

1239 Hwy 27 South

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Ronald A. Damaschke

REGISTERED AGENT MUST SIGN

Date 12/12/03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Ronald Damaschke	2201 Springwood Lane	Burlington, WI 53105
MGR	Marcella Damaschke	2201 Springwood Lane	Burlington, WI 53105
MGR	Martha Maas	1210 Robinhood Drive	Waterford, WI 53185
MGR	Joseph Domanik	1210 Robinhood Drive	Waterford, WI 53185

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Ronald A. Damaschke

Date 11/17/03

Daytime Phone # 262-531-4586

Typed or printed name of signing Managing Member/Manager

RONALD A. DAMASCHKE

CR2EM1 (10/02)